OHRP IRB/Institutional Audits; Pro-active Risk Management

AZ Trans-Net IRB Networking and Education Forum

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IRB/Institutional Audits by OHRP

- OHRP/Institutional audit triggers
- Common OHRP Audit findings
- The Magnificent 7
- Institutional/IRB policies and procedures for the protection of human subjects
- Culture of Risk Avoidance, Regulatory Compliance or Educational CQI?
- OHRP Guidance docs, Self Assessment Tool and site voluntary evaluations

Human Research Enterprise

SPONSORS
Industry, Government agencies, others

CRO

SMO

RESEARCH INSTITUTIONS
IRB's
committees: protocol, COI, radiation, biosafety, etc.

PAYERS, INSURERS

EDUCATORS

RESEARCH TEAMS
Investigators
Collaborators
Team members

DSMB

REGULATORY OVERSIGHT
FDA, Common Rule Agencies
state and local government

RECIPIENTS
the public –
•products
•knowledge

STUDY SUBJECTS

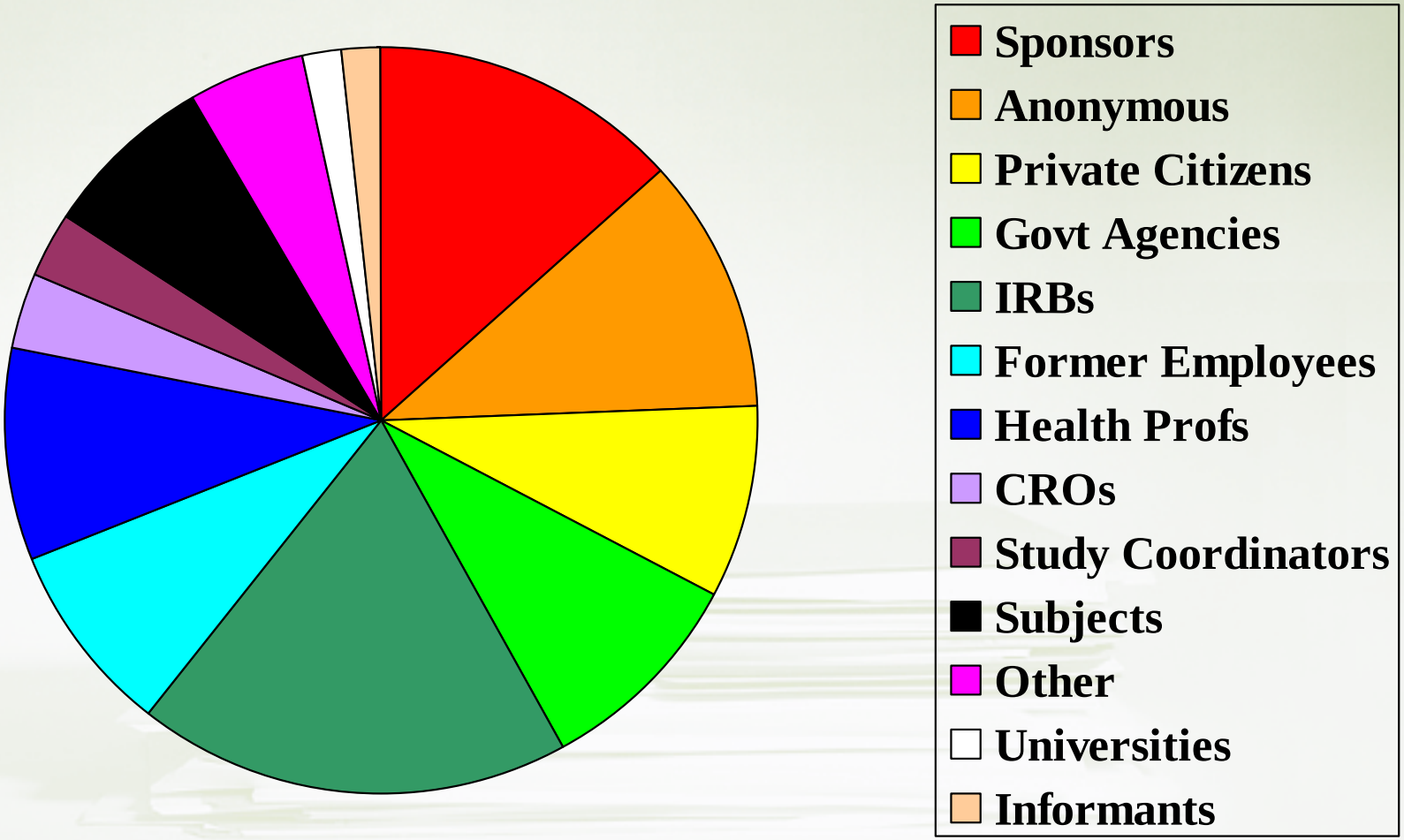
ACCREDITING ORGANIZATIONS
AAHRPP
PHRP

Patient Representatives Advocacy Groups

Compliance Process

- OHRP discovers or receives an allegation or indication of non-compliance
  - **COMPLAINT(S)** received online & anonymous
    - PI, IRB MEMBER, SUBJECT, PRIVATE CITIZEN, RC, Research Staff, ETC.
  - SELF REPORTING
    - INSTITUTION, PI
  - MEDIA
  - OTHER INCIDENT REPORTS;
    - FDA Inspections; Sites, IRB's/institutions
    - DHHS/NIH Grant Audits
    - COOPERATIVE GROUP AUDITS

Who Complains? CDER FY00- N=118



Compliance Process

- OHRP;
  - determines if it has jurisdiction
  - notifies institution in writing and requests institutional response (additional documentation, institutional investigation and report)
  - may take immediate action if protection of human subjects warrants
  - evaluates institutional response
  - issues a report of findings OR
  - performs videoconference, teleconference, or site visit

Compliance Concerns

OPRR Compliance Activities: Common Findings and Guidance

http://www1.va.gov/oro/apps/compendium/Files/OHRP%20Guidance%209-1-00.htm

Detailed list of OHRP IRB Audit findings

IRB Compliance Concerns

- **Initial & Continuing Review**
- **Expedited Review Procedures**
- **Reporting of Problems**
- **IRB Review of Changes**
- **Application of Exemptions**
- **Informed Consent**
- **IRB Membership, Support & Workload**
- **Documentation; minutes**
- **Internal Auditing, assessment of efficiency, effectiveness, compliance, improvement processes**

Compliance Investigation Outcomes

- Institution is in compliance
- Institution is in compliance, but improvements suggested
- Assurance restricted/suspended
- Funding removed (temporarily or permanently) from specific projects*
- Debarment (institution or individual)*

*OHRP Recommendation

IRB SOP Major Categories

- Magnificent 7 required= 25%
- Additional considerations & Institutional oriented=25%
- Other HHS related=50%

Magnificent 7 IRB Required Elements and Operational Procedures 45CFR46.103(b)(4-5)

- Initial review,
- Continuing review,
- reporting findings & actions,
- determining review frequency,
- when to require outside verification of no changes since previous review,
- reporting proposed changes,
- reporting unanticipated problems, continuing non-compliance to IO's, OHRP, FDA, NIH, etc.

Additional Considerations & Institutional Oriented SOP's

- **Administration: IO, institutional locus,**
  - **Res Admin/IRB staff, fees, contracts, educational requirements**
  - **COI detection and managing**
  - **educational requirements; IRB, PI, res staff**
  - **Research applicability**
  - **Collaborations, external IRB usage**
  - **Definitions, team responsibilities**
  - **Grants, bio-samples, designate external IRB's, record retention**

Additional Considerations & Institutional Oriented SOP's

- **IRB processes:**
  - **levels of review and process-criteria: IRB-primary, administrative, financial, resource-operational**
  - **approval lapses and notifications, criteria for subject continuation**
  - **what changes for expedited/full board review, S/AE reporting**
  - **membership selection, responsibilities, attendance, removal**
  - **records, minutes, ER Research, non-member attendance**
  - **Audits, electronic submissions, database administration**

Other HHS related IRB/institutional SOP's

- DHHS grants
- financial accounting
- COI; DHHS, NIH, FDA, institutional
- subparts B, C & D; categories of permissible research
- IC process & documentation
- local IRB research context; guidance doc
- HIPAA and research processes
- State, licensure, credentialing
- foreign CT collaboration
- long/short form ICF, assent, parental consent
- criteria for waiving ICF elements/documentation

Sources of Risks

- Inadequate training; regulatory expertise
- Conflicting, completing interests
- Non-compliance, minimal accountability
- Inadequate or poorly used HRPP resources, increasing workload, outsourcing
- Error in judgment, flawed procedure, COI
- Clinical vs. research decisions
- Non-credentialed professionals, institutions
- Institutional indifference
- Gaps in regulations, outdated, lack clarity
- Informed consent failure, public not well informed
- Sponsor/IRB/institutional relationships; IP, TT

Culture of Risk Avoidance, Strict Compliance or Educational CQI

Compliance Based on Trust; Guidance versus flexibility

Compliance Models

a. On-site inspectors, full time
b. Self audit, government inspected
c. Trust (HSP programs)
d. CQI processes

Adjuncts to formal compliance processes;

- Common sense
- Institutional attitude
- Adequate resources
- Accreditation of HRPP's
- Certification of investigators, IRB members
- Tracking internal outcome metrics for IRB

Ensuring Responsibility

- Attention to ambiguities in the lines of responsibility
  - Investigator/sub-investigator/research staff
  - Sponsor-investigators-IRB-institutions
  - Sponsors/contractors
  - Institutions/Institutional Review Boards
- Attention to identifying, minimizing, and managing conflicts of interest and potential risk

OHRP; Help is Readily Available!

- QA Self-Assessment Tool
- http://www.hhs.gov/ohrp/qi/
- **Contact OHRP to request an OHRP QA consultation of your human research protections program**
- **Send a written request to the Division of Education and Development (DED)**
- **Provide DED with your institution's written IRB procedures and minutes from three (3) recent IRB meetings**
- **The DED Quality Improvement team will contact you to arrange one of the following:**
  - **An onsite consultation**
  - **A video conference**
  - **A teleconference**